

**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/534,170
Filing Date	March 24, 2000
First Named Inventor	Yoram Levanon, et al
Art Unit	2768
Examiner Name	N/A
Attorney Docket Number	93978.010300

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 32361

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

32361

OR

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Y. Levanon

Name/Title: Yoram Levanon, Inventor

Date

July 28, 2006

Telephone

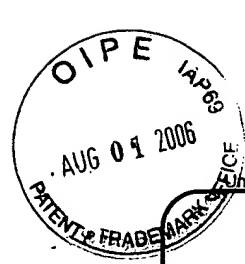
+972 (3) 612-2310

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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SIGNATURE of Applicant or Assignee of Record

Signature

Name/Title: Lan Lossos-Shifrin, Inventor

Date

July 27th 2006

Telephone

+972(3) 612-2310

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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